PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless corrected maintenance fee notification	below or directed oth	erwise in Block I, by (a	i) specifying a new co	огтеѕр	ondence address; a	nd/or (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23347 75	90 09/01/	_						
GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B475 FIVE MOORE DR., PO BOX 13398					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
RESEARCH TRIA		(Depositor's name) (Signature)						
		(Date)						
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/518,778 12/17/2004			Paul John Beswick			PG4814USW	4905	
TITLE OF INVENTION: C	HEMICAL COMPO	JNDS	··			<u> </u>		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE I	PREV, PAID ISSUE	FEE TOTAL FEE(S) DUI	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0	\$1700	12/01/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
ROBINSON, BINTA M		1625	544-297000					
 Change of correspondence CFR 1.363). 	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys							
Change of correspond Address form PTO/SB/1	or agents OR, alternatively,							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	or type	:)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
SmithKline Beecham Corporation Philadelphia, PA								
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🗀 Government								
4a. The following fce(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							shown above)	
Issue Fee Publication Fee (No	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # o	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1392 (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicate	d above)			-	\		
a. Applicant claims S						ENTITY status. See 37 C		
interest as shown by the rec	ords of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other the Office.	han the	e applicant; a regist	ered attorney or agent; or	the assignce or other party in	
Authorized Signature _	3/2/12	2 tol			Date \	sec Ola		
Typed or printed name Sennifer (- Fox Registration No. 52, 218								
this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	s for reducing this buginia 22313-1450. DC	rden, should be sent to the NOT SEND FEES OR	depending upon the incementation of COMPLETED FORM	ingivie Officer IS TO	dual case. Any con , U.S. Patent and T THIS ADDRESS.	ments on the amount of t rademark Office IIS De	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	